| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| WESTERN DISTRICT OF TEXAS | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself | | | |
|-----|--|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | : |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Melissa First name Darlene Middle name Edmonson Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) | |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | 9 | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6014 | | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 440.01 D | If Debtor 2 lives at a different address: | | | |
| | | 440 Gina Dr Kyle, TX 78640 | | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Hays County | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
|---|---|---|-------------|--------------------------------------|------------------------------------|---|-----------------------|--|
| | choosing to file under | ■ Chap | ter 7 | | | | | |
| | | ☐ Chap | ter 11 | | | | | |
| | | ☐ Chap | ter 12 | | | | | |
| | | ☐ Chap | ter 13 | | | | | |
| 8. | How you will pay the fee | ab ord | out how y | ou may pay. Typi attorney is subm | cally, if you are paying the fee y | ck with the clerk's office in your local co ourself, you may pay with cash, cashie half, your attorney may pay with a credi | r's check, or money | |
| | | ☐ In | eed to pa | y the fee in insta | | on, sign and attach the Application for | Individuals to Pay | |
| | | □ Ire | equest th | at my fee be wai | | on only if you are filing for Chapter 7. Bour income is less than 150% of the off | | |
| | | ар | plies to yo | ur family size and | d you are unable to pay the fee i | n installments). If you choose this optic cial Form 103B) and file it with your pe | on, you must fill out | |
| 9. Have you filed for bankruptcy within the ■ No. | | | | | | | | |
| | last 8 years? | ☐ Yes. | | | | | | |
| | | | District | | When | Case number | | |
| | | | District | | | | | |
| | | | District | | When | Case number | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| 11. | Do you rent your residence? | ■ No. | Go to | line 12. | | | | |
| | residence: | ☐ Yes. | Has y | our landlord obtain | ined an eviction judgment agains | st you? | | |
| | | | | No. Go to line 1 | 2. | | | |
| | Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form this bankruptcy petition. | | | | | Judgment Against You (Form 101A) a | nd file it as part of | |

Case number (if known)

Debtor 1 Melissa Darlene Edmonson

| Deb | otor 1 Melissa Darlene E | dmonso | n | | Case number (if known) |
|--|---|----------|------------------------------|--|--|
| | | | | | |
| Par | t 3: Report About Any Bu | sinesses | You Own | as a Sole Proprie | tor |
| | | | | | *** |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | |
| | | ☐ Yes. | Name | and location of bus | siness |
| | A sole proprietorship is a | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, Sta | te & ZIP Code |
| | it to this petition. | | Check | the appropriate bo | ox to describe your business: |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as d | lefined in 11 U.S.C. § 101(53A)) |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) |
| | | | | None of the above | e |
| Chapter 11 of the deadlines. If you indicate that you are a small business | | | s. If you in ns, cash-flo | dicate that you are ow statement, and t | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■ No. | I am n | ot filing under Char | oter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fi Code. | ling under Chapter | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am fi | ling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | Penort if You Own or | Have An | , Hazardo | us Property or An | y Property That Needs Immediate Attention |
| | Do you own or have any | | Tiazaido | us i roperty of All | y Floperty That Needs infinediate Attention |
| 14. | property that poses or is | No. | | | |
| | alleged to pose a threat of imminent and | ☐ Yes. | What is t | he hazard? | |
| | identifiable hazard to | | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | iate attention is why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | |
| | | | | | Number, Street, City, State & Zip Code |
| | | | | | |
| | | | | | |
| | | | | | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Der | otor 1 Melissa Dariene E | amonso | Π | Case numb | Dei (if known) | | |
|-----|---|--|--|--|--|--|--|
| Par | t 6: Answer These Quest | ions for R | eporting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | |
| | | | ☐ No. Go to line 16b. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | | business debts? Business debts are debts vestment or through the operation of the business debts. | | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you | u owe that are not consumer debts or busine | ess debts | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapt | ter 7. Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | | 7. Do you estimate that after any exempt pro available to distribute to unsecured creditors | perty is excluded and administrative expenses s? | | |
| | administrative expenses | | ■ No | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | □ 25,001-50,000 | | |
| | you estimate that you owe? | ☐ 50-99 | | □ 5001-10,000 | ☐ 50,001-100,000 | | |
| | owe? | □ 100-1 | 99 | □ 10,001-25,000 | ☐ More than100,000 | | |
| | | □ 200-9 | 99 | | | | |
| 19. | How much do you | □ \$0 - \$ | 50,000 | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | |
| | | | 001 - \$500,000 001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | |
| 20. | How much do you | □ \$0 - \$ | 50,000 | □ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | _ ` ' | 001 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | |
| | | | 001 - \$500,000 | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | |
| | | □ \$500, | 001 - \$1 million | — \$100,000,001 - \$300 Hillion | - Wore than 400 billion | | |
| Par | t 7: Sign Below | | | | | | |
| For | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | |
| | | If I have of United S | chosen to file under Chapte tates Code. I understand the | r 7, I am aware that I may proceed, if eligible e relief available under each chapter, and I c | e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7. | | |
| | | If no atto documer | rney represents me and I dint, I have obtained and read | d not pay or agree to pay someone who is n the notice required by 11 U.S.C. § 342(b). | ot an attorney to help me fill out this | | |
| | | I request | relief in accordance with the | e chapter of title 11, United States Code, sp | ecified in this petition. | | |
| | | | cy case can result in fines u | nt, concealing property, or obtaining money p to \$250,000, or imprisonment for up to 20 | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519 | | |
| | | | ssa Darlene Edmonson | | or 2 | | |
| | | | Darlene Edmonson of Debtor 1 | Signature of Debt | UI Z | | |
| | | Executed | d on May 20, 2019 | Executed on | | | |
| | | | MM / DD / YYYY | | M / DD / YYYY | | |

| Debtor 1 Melissa Darlene E | Edmonson | Ca | se number (if known) |
|---|--|--------------|---|
| For your attorney, if you are represented by one | I, the attorney for the debtor(s) named in this petition, declar under Chapter 7, 11, 12, or 13 of title 11, United States Co- for which the person is eligible. I also certify that I have de | de, and have | explained the relief available under each chapter |
| If you are not represented by an attorney, you do not need to file this page. | and, in a case in which § 707(b)(4)(D) applies, certify that I schedules filed with the petition is incorrect. | | |
| . 5 | /s/ Dorothy Kathleen Lawrence, Partner, Law Solutions | Date | May 20, 2019 |
| | Signature of Attorney for Debtor | | MM / DD / YYYY |
| | Dorothy Kathleen Lawrence, Partner, Law Soluti | ons | |
| | Chern Law LLC Firm name | | |
| | 28515 Ranch Road 12 Dripping Springs, TX 78620 Number, Street, City, State & ZIP Code | | |

Email address

Contact phone **512-699-5632**

24099886 TXBar number & State

dorothy@dorothybutlerlawfirm.com

| Fill in this in | formation to identify your | case: | | | |
|---------------------------------|---|---------------------------------|--|--------------|-------------------------------|
| Debtor 1 | Melissa Darlene E | | | | |
| 200101 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | WESTERN DISTRICT O | FTEXAS | | |
| Case number | | | | | |
| (if known) | | | | _ | c if this is an ded filing |
| | | | | | |
| Official F | Form 106Sum | | | | |
| • | / | | d Certain Statistical Information | | 12/15 |
| information. I your original | Fill out all of your schedule forms, you must fill out a | es first; then complete the | are filing together, both are equally responsible for e information on this form. If you are filing amend the box at the top of this page. | | |
| Part 1: Su | mmarize Your Assets | | | Your a | ssets of what you own |
| 1. Schedu 1a. Copy | le A/B: Property (Official Fo y line 55, Total real estate, fi | orm 106A/B) com Schedule A/B | | \$ | 150,000.00 |
| 1b. Copy | y line 62, Total personal pro | perty, from Schedule A/B | | \$ | 18,060.00 |
| 1c. Copy | v line 63, Total of all property | on Schedule A/B | | \$ | 168,060.00 |
| Part 2: Su | mmarize Your Liabilities | | | | |
| | | | | | abilities t you owe |
| | e D: Creditors Who Have Cl y the total you listed in Colur | | (Official Form 106D) he bottom of the last page of Part 1 of <i>Schedule D</i> | \$ | 136,405.00 |
| | le E/F: Creditors Who Have y the total claims from Part | | Form 106E/F) s) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| 3b. Copy | y the total claims from Part | 2 (nonpriority unsecured cla | aims) from line 6j of Schedule E/F | \$ | 87,536.00 |
| | | | Your total liabilities | \$ | 223,941.00 |
| Part 3: Su | mmarize Your Income and | Expenses | | | |
| | le I: Your Income (Official Fo | | | | 4.570.04 |
| Сору уо | ur combined monthly incom- | e from line 12 of Schedule | <i>I</i> | \$ | 4,573.64 |
| | e J: Your Expenses (Official ur monthly expenses from li | | | \$ | 4,524.00 |
| Part 4: An | swer These Questions for | Administrative and Statis | stical Records | | |
| 6. Are you | filing for bankruptcy unde | er Chapters 7, 11, or 13? | | | |
| ☐ No. | . You have nothing to report | on this part of the form. Ch | neck this box and submit this form to the court with yo | ur other scl | nedules. |
| ■ Yes | | | | | |
| 7. What ki | nd of debt do you have? | | | | |
| | | | ebts are those "incurred by an individual primarily for g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,338.97

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | 1 |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill | in this inform | nation to identify your ca | se and this filing | g: | | | | | |
|-----------------------|---|--|-----------------------|--|--|---|--|------------------|-------------------|
| Deb | tor 1 | Melissa Darlene Ed | | | | | | | |
| Deb | tor 2 | First Name | Middle Name | | Last Name | | | | |
| | use, if filing) | First Name | Middle Name | | Last Name | | | | |
| Unit | ed States Bar | nkruptcy Court for the: | VESTERN DISTR | ICT OF TEXAS | | | | | |
| Cas | e number _ | | | | | | | | eck if this is an |
| | | | | | | | | am | ended filing |
| ∩fí | ficial Fo | rm 106A/B | | | | | | | |
| _ | | e A/B: Prope | rtv | | | | | 12/ ⁻ | 15 |
| nfori Answ Part | mation. If more ver every quest 1: Describe E | e as complete and accurate as space is needed, attach a stion. Each Residence, Building, Lave any legal or equitable in | separate sheet to the | his form. On the | top of any additional pages, or Have an Interest In | | | | |
| | No. Go to Part | 2. | | | | | | | |
| | Yes. Where is | s the property? | | | | | | | |
| 1.1 | 440 Gina Drive Street address, if available, or other description Kyle TX 78640-0000 | | D-00000 | ☐ Manufactured or mobile home ☐ Land | | | Do not deduct secured claims or exe the amount of any secured claims on Creditors Who Have Claims Secured Current value of the entire property? \$450,000,00 | | |
| | City | State ZIP | Code | | n the property? Check one | \$150,000.00 \$150, Describe the nature of your ownership ir (such as fee simple, tenancy by the entir a life estate), if known. | | | |
| | | | | Debtor 1 only | | | | | |
| | Hays County | | | , | obtor 2 only | | | | |
| | , | | | | he debtors and another | | t if this is com structions) | munity pr | roperty |
| | | | | r information you erty identification | u wish to add about this iten n number: | n, such as lo | cal | | |
| | | | | | | | | | |
| | pages you ha | ar value of the portion yo ave attached for Part 1. V | | | | | => | \$1 | 50,000.00 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Deptor 1 | Melissa Dari | ene Eamonson | | Case number (if known) | |
|--------------------------|-----------------------|--|--|-----------------------------|--|
| Cars | vans trucks trac | tors, sport utility ve | hicles, motorcycles | | |
| . G ar 3 , | vario, il dono, il do | tors, sport utility vo | motor dy oles | | |
| ☐ No | | | | | |
| ■ Yes | 3 | | | | |
| | | | | | |
| 3.1 M | _{ake:} Mazda | | Who has an interest in the property? Check are | Do not deduct secure | ed claims or exemptions. Put |
| | • | | Who has an interest in the property? Check one | | cured claims on Schedule D: |
| | - | | Debtor 1 only | Creditors who have | Claims Secured by Property. |
| | ear: 2016 | 40.002.00 | Debtor 2 only | Current value of the | |
| | pproximate mileage: | 49,903.00 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | ther information: | | At least one of the debtors and another | | |
| | | | ☐ Check if this is community property | \$12,000.0 | 0 \$12,000.00 |
| | | | (see instructions) | | <u> </u> |
| 00 14 | ake· Ford | | W | Do not deduct secure | ed claims or exemptions. Put |
| | F | | Who has an interest in the property? Check one | the amount of any se | cured claims on Schedule D: |
| | odel: Focus | | Debtor 1 only | Creditors Who Have | Claims Secured by Property. |
| | ear: 2008 | | Debtor 2 only | Current value of the | |
| | pproximate mileage: | 189971 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| 0 | ther information: | | At least one of the debtors and another | | |
| | | | ☐ Check if this is community property | \$1,500.0 | 0 \$1,500.00 |
| | | | (see instructions) | + 1,000 | |
| 5 Add t | the dollar value of | the portion you ow | n for all of your entries from Part 2, including | any entries for | \$42 F00 00 |
| .page | s you have attach | ed for Part 2. Write | that number here | => | \$13,500.00 |
| Part 3: | Describe Your Perso | onal and Household It | ems | | |
| Oo you | own or have any l | egal or equitable in | terest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Exam | | turnishings nces, furniture, linens | , china, kitchenware | | |
| □ No | | | | | |
| ■ Ye | s. Describe | | | | |
| | | Coffee table on | d tables lamps dinner table dining cha | vire | |
| | | | d tables, lamps, dinner table, dining cha hwasher, microwave, refrigerator, dress | | |
| | | nightstands, mi | | G13, | \$675.00 |
| | | | , | | Ψ0.0.00 |
| Electr Exam | nples: Televisions a | | | | |
| п | المميد مصالحينا مسا | , , | eo, stereo, and digital equipment; computers, pri | nters, scanners; music coll | |
| ☐ No | • | , , | eo, stereo, and digital equipment; computers, pri nedia players, games | nters, scanners; music coll | |
| | , | , , | | nters, scanners; music coll | |
| | • | , , | | nters, scanners; music coll | |
| | , | , , | nedia players, games | nters, scanners; music coll | |

| D | ebtor 1 | Melissa Darle | ene Edmonson | Case number (if know | (n) |
|----|----------------------------|--|---|---|---|
| 8. | Exampl | | figurines; paintings, prints, or other artwork; bons, memorabilia, collectibles | pooks, pictures, or other art objects; stamp, co | oin, or baseball card collections; |
| | □ No | | | | |
| | ■ Yes. | Describe | | | |
| | | | Books, pictures, movies | | \$65.00 |
| | | | | | |
| 9. | Exampl | ent for sports ar les: Sports, photog musical instru | graphic, exercise, and other hobby equipmen | t; bicycles, pool tables, golf clubs, skis; canod | es and kayaks; carpentry tools; |
| | ■ No □ Ves | Describe | | | |
| | | | | | |
| 10 | . Firear r Examı | | s, shotguns, ammunition, and related equipme | ent | |
| | ■ No | , | , , - , - , - , - , - , - , - , - , - , | | |
| | ☐ Yes. | Describe | | | |
| 11 | . Clothe | s | | | |
| | _Exam _l | | othes, furs, leather coats, designer wear, sho | es, accessories | |
| | □ No | | | | |
| | ■ Yes. | Describe | | | |
| | | | Clothing, accessories, shoes | | \$750.00 |
| _ | | | | | |
| | ■ Yes. | Describe | Jewelry | | \$50.00 |
| | | | | | <u> </u> |
| 13 | | i rm animals oles: Dogs, cats, b | birds, horses | | |
| | ■ No | | | | |
| | ☐ Yes. | Describe | | | |
| 14 | . Any ot | her personal and | d household items you did not already list | , including any health aids you did not list | |
| | | Give specific info | ormation | | |
| | | | | | |
| 1 | | | of all of your entries from Part 3, including number here | | \$2,060.00 |
| | | | | | |
| | | scribe Your Finance | | | |
| ט | o you ov | vn or have any le | egal or equitable interest in any of the follo | owing? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16 | ■ No | | nave in your wallet, in your home, in a safe de | | tition |
| | ⊔ Yes | | | | |
| 17 | | | avings, or other financial accounts; certificate: If you have multiple accounts with the same i | | e houses, and other similar |
| | □ No | แางแนนเบาาง. | ii you have mainple accounts with the same i | notication, not each. | |

| De | ebtor 1 Melissa Dar | lene Edmonson | Case r | number (if known) |
|-----|--|--|---|--|
| | Yes | | Institution name: | |
| | | 17.1. Checking | Capital One | \$0.00 |
| 18. | | or publicly traded stocks , investment accounts with bro | okerage firms, money market accounts | |
| | ■ No □ Yes | Institution or issuer | name: | |
| 19. | Non-publicly traded s | tock and interests in incorp | orated and unincorporated businesses, incl | uding an interest in an LLC, partnership, and |
| | ■ No □ Yes. Give specific in | formation about them Name of entity: | | ownership: |
| 20. | Negotiable instruments | s include personal checks, cas | otiable and non-negotiable instruments shiers' checks, promissory notes, and money or ansfer to someone by signing or delivering them | |
| | ☐ Yes. Give specific inf | ormation about them Issuer name: | | |
| 21. | Retirement or pension Examples: Interests in □ No | | 103(b), thrift savings accounts, or other pension | or profit-sharing plans |
| | Yes. List each account | nt separately. Type of account: | Institution name: | |
| | | Roth IRA | All State Financial | \$2,500.00 |
| 22. | | ed deposits you have made so | o that you may continue service or use from a c public utilities (electric, gas, water), telecommu | |
| | ■ No □ Yes | | Institution name or individual: | |
| 23. | Annuities (A contract f | or a periodic payment of mon | ey to you, either for life or for a number of years |) |
| | | ssuer name and description. | | |
| 24. | Interests in an educati 26 U.S.C. §§ 530(b)(1), ■ No | | ualified ABLE program, or under a qualified | state tuition program. |
| | ☐ YesIr | nstitution name and descriptio | n. Separately file the records of any interests.11 | U.S.C. § 521(c): |
| 25. | Trusts, equitable or fu■ No□ Yes. Give specific in | | other than anything listed in line 1), and right | ts or powers exercisable for your benefit |
| 26. | Patents, copyrights, to | rademarks, trade secrets, a | nd other intellectual property eds from royalties and licensing agreements | |
| | ■ No □ Yes. Give specific in | formation about them | | |
| 27. | Examples: Building pe | and other general intangible rmits, exclusive licenses, coop | es perative association holdings, liquor licenses, p | rofessional licenses |
| | ■ No □ Yes. Give specific in | formation about them | | |
| M | oney or property owed | to you? | | Current value of the portion you own? Do not deduct secured |
| | | | | |

| D | ebtor 1 | Melissa Darlene Edmonson | Case number (if known) | |
|-----|--------------------------|---|--|----------------------------|
| | | | | claims or exemptions. |
| 28. | . Tax ref ■ No | unds owed to you | | |
| | _ | Give specific information about them, including whether you already filed | the returns and the tax years | |
| 29 | Examp | support oles: Past due or lump sum alimony, spousal support, child support, main Give specific information | tenance, divorce settlement, property s | settlement |
| 30. | Examp | amounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits, sic benefits; unpaid loans you made to someone else Give specific information | k pay, vacation pay, workers' compen: | sation, Social Security |
| 31. | | ts in insurance policies | | |
| | Examp ■ No | oles: Health, disability, or life insurance; health savings account (HSA); cr | edit, homeowner's, or renter's insurance | ce |
| | ☐ Yes. | Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| 32. | If you a someo | Rerest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance ne has died. Give specific information | policy, or are currently entitled to recei | ve property because |
| 33. | Examp ■ No | against third parties, whether or not you have filed a lawsuit or mades: Accidents, employment disputes, insurance claims, or rights to sue Describe each claim | de a demand for payment | |
| 34. | ■ No | contingent and unliquidated claims of every nature, including count | erclaims of the debtor and rights to | set off claims |
| | | Describe each claim | | |
| 35. | ■ No | ancial assets you did not already list Give specific information | | |
| 36 | | he dollar value of all of your entries from Part 4, including any entri art 4. Write that number here | | \$2,500.00 |
| Pa | art 5: Des | scribe Any Business-Related Property You Own or Have an Interest In. List a | ny real estate in Part 1. | |
| | Do you o ■ No. Go | own or have any legal or equitable interest in any business-related property? to Part 6. | | |
| | ☐ Yes. G | to to line 38. | | |
| Pa | | scribe Any Farm- and Commercial Fishing-Related Property You Own or Have ou own or have an interest in farmland, list it in Part 1. | e an Interest In. | |
| 46 | ■ No. | own or have any legal or equitable interest in any farm- or commer Go to Part 7. | cial fishing-related property? | |
| | ☐ Yes | Go to line 47. | | |

| Debto | Melissa Darlene Edmonson | | Case number (if known) | |
|--------------|--|--------------------|------------------------------|--------------|
| Part 7 | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| | o you have other property of any kind you did not already list? Examples: Season tickets, country club membership | | | |
| | No | | | |
| | Yes. Give specific information | | | |
| | | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write tha | t number here | ······ | \$0.00 |
| | <u></u> | | | |
| Part 8 | List the Totals of Each Part of this Form | | | |
| 55. I | Part 1: Total real estate, line 2 | | | \$150,000.00 |
| 56. I | Part 2: Total vehicles, line 5 | \$13,500.00 | _ | <u> </u> |
| 57. I | Part 3: Total personal and household items, line 15 | \$2,060.00 | | |
| 58. I | Part 4: Total financial assets, line 36 | \$2,500.00 | | |
| 59. I | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. I | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. I | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. - | Total personal property. Add lines 56 through 61 | \$18,060.00 | Copy personal property total | \$18,060.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$168.060.00 |

| nation to identify your | case: | | |
|-------------------------|---------------------------------|------------------------|--|
| Melissa Darlene E | Edmonson | | |
| First Name | Middle Name | Last Name | |
| | | | |
| First Name | Middle Name | Last Name | |
| nkruptcy Court for the: | WESTERN DISTRICT O | DF TEXAS | |
| | | | ☐ Check if this is an amended filing |
| | Melissa Darlene E First Name | First Name Middle Name | Melissa Darlene Edmonson First Name Middle Name Last Name First Name Middle Name Last Name |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited

| Part 1: | Identify | / the | Property | You | Claim | as E | =xempt |
|---------|----------|-------|----------|-----|-------|------|--------|
| | | | | | | | |

| t | he applicable statutory amount. | | | | | | | |
|---|--|--------------------------------------|--|---|---|--|--|--|
| a | rt 1: Identify the Property You Claim as I | Exempt | | | | | | |
| | Which set of exemptions are you claiming | ? Check one only, eve | n if yc | our spouse is filing with you. | | | | |
| | ■ You are claiming state and federal nonbar | nkruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | | | | |
| | \square You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | | | |
| | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption | | | |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | | | | | |
| | 440 Gina Drive Kyle, TX 78640 Hays County | \$150,000.00 | | \$28,171.00 | Tex. Const. art. XVI, §§ 50, 51, Tex. Prop. Code §§ | | | |
| | Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | 41.001002 | | | |
| | 2016 Mazda 3 49,903.00 miles | \$12.000.00 | | \$0.00 | Tex. Prop. Code §§ | | | |

| County – | \$150,000.00 | | \$28,171.00 | Tex. Prop. Code §§ |
|--|--------------|---|---|---|
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | 41.001002 |
| 2016 Mazda 3 49,903.00 miles Line from Schedule A/B: 3.1 | \$12,000.00 | • | \$0.00 | Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(9) |
| Ellie Holli Golloddie 772. GT | | | 100% of fair market value, up to any applicable statutory limit | .=.00.(0)(-), (=), -=.00=(0)(0) |
| 2008 Ford Focus 189971 miles Line from Schedule A/B: 3.2 | \$1,500.00 | | \$1,500.00 | Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(9) |
| Line nom ochequie PVD. 3.2 | | | 100% of fair market value, up to any applicable statutory limit | +2.001(a)(1), (2), +2.002(a)(3) |
| Coffee table, end tables, lamps, dinner table, dining chairs, | \$675.00 | | \$675.00 | Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(1) |
| stove/oven, dishwasher, microwave, refrigerator, dressers, nightstands, mirror, beds Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | 42.001(a)(1), (2), 42.002(a)(1) |
| Televisions, dvd player | \$520.00 | | \$520.00 | Tex. Prop. Code §§ |
| Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | 42.001(a)(1), (2), 42.002(a)(1) |

| De | ebtor 1 Melissa Darlene Edmonson | | | Case number (if known) | | |
|----|---|--------------------------------------|---------|---|---|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | | | |
| | | Copy the value from Schedule A/B | Che | | | |
| | Books, pictures, movies Line from Schedule A/B: 8.1 | \$65.00 | | \$65.00 | Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(1) | |
| | Line from Schedule A.B. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | 42.001(a)(1), (2), 42.002(a)(1) | |
| | Clothing, accessories, shoes Line from Schedule A/B: 11.1 | \$750.00 | | \$750.00 | Tex. Prop. Code §§ | |
| | Line from Schedule Arb. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | 42.001(a)(1), (2), 42.002(a)(5) | |
| | Jewelry Line from Schedule A/B: 12.1 | \$50.00 | | \$50.00 | Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(6) | |
| | Line from Schedule A/B. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | 42.001(a)(1), (2), 42.002(a)(0) | |
| | Roth IRA: All State Financial Line from Schedule A/B: 21.1 | \$2,500.00 | | \$2,500.00 | Tex. Prop. Code § 42.0021 | |
| | Line from Schedule Arb. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every | | | led on or after the date of adjustmer | nt.) | |
| | ■ No | | | | | |
| | ☐ Yes. Did you acquire the property cove | red by the exemption w | ithin 1 | ,215 days before you filed this case | ? | |
| | □ No | | | | | |
| | ☐ Yes | | | | | |

| Eill is | this informati | on to identify you | ir casa: | | | | |
|------------------|----------------------------------|---|--|----------|--|--|--------------------------|
| | | • | | | | | |
| Debte | | Melissa Darlene First Name | | | | - | |
| Dobt | | -iist name | Middle Name Last Name | ; | | | |
| Debte (Spous | | First Name | Middle Name Last Name |) | | - | |
| Unite | d States Bankru | ptcy Court for the | WESTERN DISTRICT OF TEXAS | | | | |
| | | | | | | - | |
| | number | | | | | | *** |
| (if knov | vn) | | | | | _ | t if this is an |
| | | | | | | amen | ded filing |
| ∩ffi∂ | cial Form 1 | 06D | | | | | |
| | | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |
| Scr | nedule D: | Creditors | Who Have Claims Secur | ea | by Propert | <u>y</u> | 12/15 |
| is need numbe | ded, copy the Ader (if known). | ditional Page, fill it | If two married people are filing together, both are out, number the entries, and attach it to this forn | | | | |
| _ | | e claims secured by | • • • | ., | | | |
| L | ■ No. Check this | s box and submit t | nis form to the court with your other schedules | s. You | have nothing else t | to report on this form. | |
| | Yes. Fill in all | of the information | below. | | | | |
| Part | 1: List All Se | ecured Claims | | | | | |
| | | | more than one secured claim, list the creditor separa | atoly | Column A | Column B | Column C |
| for ea | ch claim. If more | than one creditor has | a particular claim, list the other creditors in Part 2.7 cal order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 | Mr. Cooper | | Describe the property that secures the claim: | | \$121,829.00 | \$150,000.00 | \$0.00 |
| | Creditor's Name | | 440 Gina Drive Kyle, TX 78640 Hays | | | | |
| | Attn: Bankru | | County | | | | |
| | 8950 Cypres: Blvd | 5 Water 5 | As of the date you file, the claim is: Check all that | t | | | |
| | Coppell, TX 7 | 75019 | apply. ☐ Contingent | | | | |
| - | Number, Street, City | | ☐ Unliquidated | | | | |
| | | , с | ☐ Disputed | | | | |
| Who | owes the debt? | Check one. | Nature of lien. Check all that apply. | | | | |
| ■ De | ebtor 1 only | | ☐ An agreement you made (such as mortgage or | r secure | ed | | |
| _ | ebtor 2 only | | car loan) | | | | |
| _ | ebtor 1 and Debtor | 2 only | ☐ Statutory lien (such as tax lien, mechanic's lier | ١) | | | |
| _ | | ebtors and another | ☐ Judgment lien from a lawsuit | '/ | | | |
| □ сн | neck if this claim ommunity debt | | Other (including a right to offset) | | | | |
| | | Opened 10/12 Last Active d 3/01/19 | Last 4 digits of account number 004 | | | | |

| First Name 2.2 Security Service FO Creditor's Name Po Box 691510 San Antonio, TX 78 Number, Street, City, State & 2 | As of the date you file, the claim | niles | 14,576.00 | \$12,000.00 | \$2,576.00 |
|--|--|------------------------|-----------|-------------|------------|
| Po Box 691510 San Antonio, TX 78 | As of the date you file, the claim | niles | 14,576.00 | \$12,000.00 | \$2,576.00 |
| Po Box 691510 San Antonio, TX 78 | As of the date you file, the claim apply. | | | | |
| San Antonio, TX 78 | apply. | is: Check all that | | | |
| Number, Street, City, State & 2 | 256 Contingent | . Greek all that | | | |
| | Üp Code ☐ Unliquidated | | | | |
| Who owes the debt? Check of | Disputed ne. Nature of lien. Check all that app | bly. | | | |
| ■ Debtor 1 only □ Debtor 2 only | An agreement you made (such car loan) | as mortgage or secured | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, | mechanic's lien) | | | |
| ☐ At least one of the debtors ar | nd another | | | | |
| ☐ Check if this claim relates to community debt | o a | <u> </u> | | | |
| • | • • | number 5020 | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in this infor | mation to identify your | case: | | | | |
|---------------------|---|--|---------------------|---------------------------------|-------------------|---------------------------|
| Debtor 1 | Melissa Darlene E | dmonson | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | E: AN | ACT III AT | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT OF TE | XAS | | | |
| Case number | | | | | | |
| (if known) | | | | | | Check if this is an |
| | | | | | | amended filing |
| Official For | m 106F/F | | | | | |
| | | ho Have Unsecured | d Claims | | | 12/15 |
| | | e Part 1 for creditors with PRIOR | | Part 2 for creditors with NO | NPRIORITY cla | |
| name and case nu | | e. If you have no information to resecured Claims | eport in a Part, o | do not file that Part. On the | top of any add | itional pages, write your |
| | tors have priority unsecured | | | | | |
| ■ No. Go to | Part 2. | - , | | | | |
| ☐ Yes. | | | | | | |
| | All of Your NONPRIORIT | Y Unsecured Claims | | | | |
| 3. Do any credi | tors have nonpriority unsec | ured claims against you? | | | | |
| ☐ No. You h | ave nothing to report in this pa | art. Submit this form to the court wit | h vour other sche | edules. | | |
| _ | are nonling to report in time po | | your ouror come | , da. 100. | | |
| Yes. | | | | | | |
| unsecured cla | aim, list the creditor separately | aims in the alphabetical order of the reach claim. For each claim listed state of the other creditors in Part 3.If you | ed, identify what t | ype of claim it is. Do not list | claims already in | cluded in Part 1. If more |
| | | | | | | Total claim |
| 4.1 Capita | l One | Last 4 digits of ac | count number | 2219 | | \$6,572.00 |
| Nonpriori | ity Creditor's Name | | | Onemad 02/00 Leas | 4 A a45 | |
| | Capital One Dr | When was the de | bt incurred? | Opened 02/06 Last 11/16/18 | Active | |
| | ond, VA 23238 | An of the date was | . filo the eleim i | e. Chaola all that apply | | = |
| | Street City State Zip Code urred the debt? Check one. | As or the date you | u file, the claim i | s: Check all that apply | | |
| _ | or 1 only | ☐ Contingent | | | | |
| ☐ Debto | • | ☐ Unliquidated | | | | |
| | or 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ast one of the debtors and and | - ' | RITY unsecured | d claim: | | |
| ☐ Chec | k if this claim is for a comm | nunity | | | | |
| debt | | ☐ Obligations aris | | ration agreement or divorce | that you did not | |
| | aim subject to offset? | report as priority cl | | g plans, and other similar de | ahta | |
| ■ No | | Debts to pension | • | - ' | ເນເຮ | |
| ☐ Yes | | Other Specific | Credit Card | | | |

| Debto | Melissa Darlene Edmonson | | Case number (if known) | |
|-------|--|---|---|------------|
| 4.2 | Capital One | Last 4 digits of account number | 8681 | \$5,958.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim | Opened 06/07 Last Active 10/26/18 | |
| | Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card | aration agreement or divorce that you did not | |
| | | Other. Specify | · | |
| 4.3 | Capital One | Last 4 digits of account number | 9697 | \$4,353.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 02/06 Last Active 11/16/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing | aration agreement or divorce that you did not | |
| | Yes | Other. Specify Credit Card | I | |
| 4.4 | Chase Card Services Nonpriority Creditor's Name | Last 4 digits of account number | 9999 | \$2,887.00 |
| | Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 06/15 Last Active 11/01/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separation. | d claim: aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | · | |

☐ Yes

■ Other. Specify Credit Card

| Debtor | Melissa Darlene Edmonson | | Case number (if known) | |
|--------|--|--|--|------------|
| 4.5 | Citibank/The Home Depot | Last 4 digits of account number | 0503 | \$3,185.00 |
| | Nonpriority Creditor's Name Attn: Recovery/Centralized Bankruptcy Po Box 790034 St Louis, MO 63179 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim i | Opened 02/17 Last Active 11/02/18 | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | 5. Спеск ан так арргу | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | a plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | | |
| 4.6 | Costco Anywhere Visa Card Nonpriority Creditor's Name | Last 4 digits of account number | 4259 | \$5,199.00 |
| | Attn: Bankruptcy Po Box 6500 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 01/13 Last Active 11/09/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.7 | Discover Financial Nonpriority Creditor's Name | Last 4 digits of account number | 1733 | \$6,786.00 |
| | Attn: Bankruptcy Department Po Box 15316 Wilmington, DE 19850 | When was the debt incurred? | Opened 10/13 Last Active 11/07/18 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | a plane, and other similar 4-14- | |
| | ■ No | Debts to pension or profit-sharin | - • | |
| | ☐ Yes | Other. Specify Credit Card | <u> </u> | |

| Dept | or 1 Melissa Dariene Edmonson | | Case number (if known) | |
|------|--|--|---|-------------|
| 4.8 | Discover Personal Loan | Last 4 digits of account number | 5699 | \$27,559.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30954 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 01/17 Last Active 11/07/18 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Unsecured | | |
| 4.9 | Kohls/Capital One | Last 4 digits of account number | 1842 | \$1,010.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 08/13 Last Active 11/09/18 | |
| | Salt Lake City, UT 84130 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | , , , , , , , , , , , , , , , , , , , | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other Specify Charge Acc | count | |
| 4.1 | Mercury/FBT | Last 4 digits of account number | 5423 | \$5,300.00 |
| 0 | Nonpriority Creditor's Name | | | Ψ0,000.00 |
| | Attn: Bankruptcy Po Box 84064 Columbus, GA 31908 | When was the debt incurred? | Opened 12/06 Last Active 11/07/18 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ■ No □ Yes | | | |
| | | Other. Specify Credit Card | 1 | |

| Melissa Darlene Edmonson | | Case number (if known) | |
|---|---|---|-----------|
| Syncb/Rooms To Go | Last 4 digits of account number | 1538 | \$1,825.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 10/12 Last Active 11/05/18 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Charge Acc | count | |
| Synchrony Bank/ JC Penneys | Last 4 digits of account number | 5862 | \$920.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896 | When was the debt incurred? | Opened 01/12 Last Active 10/22/18 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Charge Acc | count | |
| Synchrony Bank/American Eagle | Last 4 digits of account number | 6946 | \$6,188.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 06/11 Last Active 10/22/18 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other, Specify Credit Card | I | |

| Debtor | 1 Meliss | sa D | arlene Edmonson | | Case n | number (if kno | own) | |
|----------------------------|---|---------------------------------------|---|---|-----------|-------------------|---------------------------|---------------------------|
| 4.1 | Synchro | ony l | Bank/Walmart | Last 4 digits of account number | 9484 | 4 | | \$6,631.00 |
| | Attn: Ba Po Box 9 Orlando | ankr 9650 , FL | 060 32896 | When was the debt incurred? | 10/2 | 5/18 | Last Active | |
| | | | City State Zip Code he debt? Check one. | As of the date you file, the claim | is: Chec | ck all that app | ly | |
| | Debtor | 1 only | y | ☐ Contingent | | | | |
| | ☐ Debtor | 2 only | y | ☐ Unliquidated | | | | |
| | ☐ Debtor | 1 and | Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least | t one | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check | if this | s claim is for a community | ☐ Student loans | | | | |
| | debt Is the clair | m sub | oject to offset? | Obligations arising out of a separeport as priority claims | aration a | greement or | divorce that you did not | |
| | ■ No | | | Debts to pension or profit-sharing | ng plans, | , and other si | milar debts | |
| | ☐ Yes | | | Other. Specify Charge Ac | count | | | - |
| 4.1 | Target Nonpriority | Cred | litor's Name | Last 4 digits of account number | 1850 | 0 | | \$3,163.00 |
| | Attn: Ba | nkrı 947 | uptcy | When was the debt incurred? | - | ned 11/11 9/18 | Last Active | - |
| | | | City State Zip Code | As of the date you file, the claim | is: Chec | k all that app | ly | |
| | Who incur | red t | he debt? Check one. | | | | | |
| | Debtor | 1 only | y | ☐ Contingent | | | | |
| | ☐ Debtor | 2 only | y | ☐ Unliquidated | | | | |
| | ☐ Debtor | 1 and | Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least | t one | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | : | | |
| | ☐ Check | if this | s claim is for a community | ☐ Student loans | | | | |
| | debt Is the clair | m sub | oject to offset? | Obligations arising out of a separeport as priority claims | aration a | greement or | divorce that you did not | |
| | ■ No | | | ☐ Debts to pension or profit-sharing | ng plans, | , and other si | milar debts | |
| | ☐ Yes | | | Other. Specify Credit Care | d | | | - |
| Part 3: | List Ot | hers | to Be Notified About a Debt | That You Already Listed | | | | |
| 5. Use th is trying have r | is page onling to collect more than collect and for any d | ly if y ot froi one ci lebts | ou have others to be notified abo m you for a debt you owe to some | out your bankruptcy, for a debt that the cone else, list the original creditor in ou listed in Parts 1 or 2, list the add submit this page. | n Parts 1 | l or 2, then li | ist the collection agency | y here. Similarly, if you |
| | the amount of unsecure | | | s. This information is for statistical r | eporting | g purposes o | | d the amounts for each |
| | | 6a. | Domestic support obligations | | 6a. | \$ | Total Claim 0.00 | |
| | Γotal aims | ou. | Domestic Support Obligations | | ou. | Ψ | 0.00 | - |
| from P | | 6b. | Taxes and certain other debts ye | ou owe the government | 6b. | \$ | 0.00 | |
| | | 6c. | Claims for death or personal inj | | 6c. | \$ | 0.00 | _ |
| | | 6d. | Other. Add all other priority unsec | ured claims. Write that amount here. | 6d. | \$ | 0.00 | |
| | | 6e. | Total Priority. Add lines 6a through | gh 6d. | 6e. | \$ | 0.00 | _ |

Total claims from Part 2

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Obligations arising out of a separation agreement or divorce that

Student loans

Total Claim

0.00

0.00

6f.

6g.

\$

Debtor 1 Melissa Darlene Edmonson

Case number (if known)

- you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
- Other. Add all other nonpriority unsecured claims. Write that amount 6i. here.
- Total Nonpriority. Add lines 6f through 6i.

| 6h. | \$ 0.00 |
|-----|---------------|
| 6i. | 87 536 00 |

6j. 87,536.00

| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|--------------------|-----------|-----------------------|
| Debtor 1 | Melissa Darlene E | Edmonson | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT O | OF TEXAS | |
| Case number (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Sprint
Po Box 4191
Carol Stream, IL 60197

State what the contract or lease is for
Cell Phone

| Fill in this | information to identify your | r case: | | | |
|--------------------------------|--|----------------------------|------------------------|---|--|
| Debtor 1 | Melissa Darlene | Edmonson | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | ng) First Name | Middle Name | Last Name | | |
| • | - | | | | |
| United Sta | ites Bankruptcy Court for the: | WESTERN DISTRICT (| JF TEXAS | | |
| Case num | ber | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| Officia | l Form 106H | | | | |
| | lule H: Your Cod | lahtars | | | 42/45 |
| Scried | iule II. Toul Coc | ienioi 2 | | | 12/15 |
| our name | and number the entries in the and case number (if known you have any codebtors? (If |). Answer every question | | | , |
| ■ No □ Yes | 6 | | | | |
| Arizon No. | hin the last 8 years, have yo na, California, Idaho, Louisiana Go to line 3. s. Did your spouse, former spo | a, Nevada, New Mexico, Pu | erto Rico, Texas, Wash | | es and territories include |
| in line Form | e 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | sure you have listed the cre | h you. List the person shown editor on Schedule D (Official edule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and 2 | ZIP Code | | Column 2: The creditor Check all schedules tha | to whom you owe the debt tapply: |
| 2.4 | | | | Ochoda D Po | |
| 3.1 | Name | | | □ Schedule D, line _ □ Schedule E/F, line | |
| | | | | ☐ Schedule G, line _ | |
| _ | N | | | | |
| | Number Street City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule D, line ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line _ | |
| = | Number Street | | | — | |
| | City | State | ZIP Code | | |

| Fill | in this information to identify yo | iir case. | | | | 1 | | | | |
|-----------------------------|--|---|---|---------------------|----------------|----------------------------|---------------------|------------------------|----------------------------------|-----------------|
| | | Darlene Edmonson | | | | | | | | |
| _ | otor 2 ouse, if filing) | | | | | | | | | |
| Uni | ted States Bankruptcy Court for | r the: WESTERN DISTRIC | T OF TEXAS | | | | | | | |
| (If kr | fficial Form 106l | | - | | | 13 ir | mended ppleme | nt showin | g postpetition ollowing date: | chapter |
| | chedule I: Your Ir | ncome | | | | IVIIVI | / 00/ 1 | 111 | | 12/15 |
| sup spo atta | as complete and accurate as plying correct information. If use. If you are separated and ch a separate sheet to this for the control of the c | you are married and not fili your spouse is not filing w rm. On the top of any additi | ng jointly, and your ith you, do not incl | spouse ude infor | is liv mati | ing with yo on about yo | u, inclu our spo | de inforr use. If m | nation about ore space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | D | ebtor 2 | or non-fi | iling spouse | |
| If you have attach a sep | If you have more than one job attach a separate page with | Employment status | ■ Employed | | | |] Emplo | yed | | |
| | information about additional | | ☐ Not employed | | | | Not en | nployed | | |
| | | Occupation | Insurance Sale | s | | | | | | |
| | Include part-time, seasonal, o self-employed work. | Employer's name | Town Lake Ins | uance | | | | | | |
| | Occupation may include stude or homemaker, if it applies. | ent Employer's address | 1807 W Slaugh Austin, TX 787 | |) | | | | | |
| | | How long employed t | here? _10 yea | rs | | | | | | |
| Par | t 2: Give Details About | Monthly Income | | | | | | | | |
| spou If yo | mate monthly income as of thuse unless you are separated. u or your non-filing spouse have a space, attach a separate sheet | e more than one employer, co | , | · | • | | | | · | |
| | ,, | | | | | For Debto | r 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, a deductions). If not paid month | | | 2. | \$ | 5,29 | 6.00 | \$ | N/A | |
| 3. | Estimate and list monthly o | vertime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Ac | dd line 2 + line 3. | | 4. | \$ | 5,296. | 00 | \$ | N/A | |

| | | | | Fo | r Debtor 1 | | ebtor 2 or | |
|-----|---------------|---|--------|----------|---------------|------|----------------------|--------|
| | ^ | . Por Albana | | • | | | ling spouse | |
| | Copy | y line 4 here | 4. | \$_ | 5,296.00 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 441.16 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A | |
| | 5e. | Insurance | 5e. | \$ | 281.20 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | N/A | |
| | 5h. | Other deductions. Specify: | _ 5h.+ | - \$ | 0.00 | + \$ | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 722.36 | \$ | N/A | |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 4,573.64 | \$ | N/A | |
| 8. | List a 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$- | 0.00 | \$ | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ \$ | 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$- | 0.00 | \$—— | N/A | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$_ | 0.00 | \$ | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$_ | 0.00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: | _ 8h.+ | - \$_ | 0.00 | + \$ | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A | |
| 10. | | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 4,573.64 + \$ | | N/A = \$ 4,5 | 73.64 |
| 11. | Include other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a cify: | depen | | - | | nedule J. 11. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | 12. \$ 4,5 | 573.64 |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form | ? | | | | Combined monthly inc | ome |
| | | No. | | | | | | |

| Fill | in this information to identify your case: | | | | |
|------------|---|--|------------------|----------------------------------|-------------------------------|
| Deb | Melissa Darlene Edmonson | | Check | if this is: | |
| Deb | otor 2 | | _ | n amended filing supplement show | ving postpetition chapter |
| (Sp | ouse, if filing) | _ | | | the following date: |
| Unit | ted States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS | <u>; </u> | | MM / DD / YYYY | |
| | se number | | | | |
| (If k | nown) | | | | |
| \bigcirc | fficial Form 106J | | | | |
| | chedule J: Your Expenses | | | | 42/45 |
| | as complete and accurate as possible. If two married people ar | e filing together, be | oth are equa | lly responsible fo | 12/15 or supplying correct |
| | ormation. If more space is needed, attach another sheet to this mober (if known). Answer every question. | form. On the top of | any addition | nal pages, write y | our name and case |
| Par | t 1: Describe Your Household | | | | |
| 1. | Is this a joint case? | | | | |
| | ■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | □ No | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses | for Separate House | ehold of Debto | or 2. | |
| 2. | Do you have dependents? \square No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the | 0.5.5 | | 40 | □ No |
| | dependents names. | Son | | 19 | ■ Yes □ No |
| | | Son | | 22 | ■ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes |
| 3. | Do your expenses include expenses of people other than | | | | |
| | yourself and your dependents? | | | | |
| | t 2: Estimate Your Ongoing Monthly Expenses | | | | |
| exp | timate your expenses as of your bankruptcy filing date unless y penses as of a date after the bankruptcy is filed. If this is a supp plicable date. | | | | |
| | lude expenses paid for with non-cash government assistance in | | | | |
| | value of such assistance and have included it on Schedule I: Y ficial Form 106I.) | our Income | | Your expe | enses |
| | | | _ | | |
| 4. | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot. | nclude first mortgage | e 4. \$ | | 1,187.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 0.00 |
| | Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues | | 4c. \$ 4d. \$ | | 50.00 0.00 |
| 5. | Additional mortgage payments for your residence, such as ho | me equity loans | 5. \$ | | 0.00 |

| Debtor 1 | Melissa Darlene Edmonson | | Case num | ber (if known) | |
|----------------------|---|--|--------------|---------------------|--------------------------|
| S. Uti | lities: | | | | |
| o. Oti 6a. | | | 6a. | \$ | 140.00 |
| 6b. | | | 6b. | \$ | 128.00 |
| 6c. | | llite and cable services | 6c. | \$ | 185.00 |
| 6d. | | inte, and capie services | 6d. | \$ | 0.00 |
| | od and housekeeping supplies | | 7. | \$ | 862.00 |
| | ildcare and children's education cost | • | 7. 8. | \$ | |
| | | 5 | | \$ | 0.00 |
| | othing, laundry, and dry cleaning | | 9. | * | 150.00 |
| | rsonal care products and services | | 10. | \$ | 76.00 |
| | dical and dental expenses | | 11. | \$ | 300.00 |
| | ansportation. Include gas, maintenance | , bus or train fare. | 12. | \$ | 394.00 |
| | not include car payments. | anore magazines and books | | \$ | |
| | tertainment, clubs, recreation, newsp | - | 13. | · | 50.00 |
| | aritable contributions and religious d | ONATIONS | 14. | \$ | 0.00 |
| | surance. | ur pay or included in lines 4 or 20 | | | |
| | not include insurance deducted from yo a. Life insurance | ui pay or included in lines 4 or 20. | 15a. | ¢ | 404.00 |
| | | | | · | 181.00 |
| _ | o. Health insurance | | 15b. | · | 0.00 |
| | c. Vehicle insurance | | 15c. | \$ | 321.00 |
| | d. Other insurance. Specify: | | 15d. | \$ | 0.00 |
| | xes. Do not include taxes deducted from | your pay or included in lines 4 or 20. | . | • | |
| | ecify: | | 16. | \$ | 0.00 |
| | stallment or lease payments: | | | • | |
| | a. Car payments for Vehicle 1 | | 17a. | · | 380.00 |
| | o. Car payments for Vehicle 2 | | 17b. | · | 0.00 |
| 170 | c. Other. Specify: | | 17c. | \$ | 0.00 |
| 170 | d. Other. Specify: | | 17d. | \$ | 0.00 |
| | | , and support that you did not report a | | | 0.00 |
| | | dule I, Your Income (Official Form 106I) | . 18. | · . | 0.00 |
| | ner payments you make to support ot | | | \$ | 120.00 |
| | ecify: Son Probation Fee Paymen | | 19. | | |
| | | ed in lines 4 or 5 of this form or on Scl | | | |
| 208 | a. Mortgages on other property | | 20a. | \$ | 0.00 |
| 20l | o. Real estate taxes | | 20b. | \$ | 0.00 |
| 200 | c. Property, homeowner's, or renter's in | nsurance | 20c. | \$ | 0.00 |
| 200 | d. Maintenance, repair, and upkeep exp | penses | 20d. | \$ | 0.00 |
| | e. Homeowner's association or condom | | 20e. | \$ | 0.00 |
| | ner: Specify: | | 21. | · | 0.00 |
| | | | | - + | 0.00 |
| 2. Ca | culate your monthly expenses | | | | |
| 228 | a. Add lines 4 through 21. | | | \$ | 4,524.00 |
| 22 | o. Copy line 22 (monthly expenses for De | ebtor 2), if any, from Official Form 106J-2 | | \$ | |
| 220 | c. Add line 22a and 22b. The result is yo | our monthly expenses | | \$ | 4,524.00 |
| | | | | | 7,027.00 |
| | Iculate your monthly net income. | | | | |
| 238 | a. Copy line 12 (your combined monthly | y income) from Schedule I. | 23a. | \$ | 4,573.64 |
| 23l | o. Copy your monthly expenses from lir | ne 22c above. | 23b. | -\$ | 4,524.00 |
| | • • | | | | , |
| 230 | c. Subtract your monthly expenses from | n your monthly income. | | | 40.00 |
| | The result is your monthly net income | | 23c. | \$ | 49.64 |
| | | | | | |
| | | n your expenses within the year after y | | | |
| | | our car loan within the year or do you expect yo | ur mortgage | payment to increase | or decrease because of a |
| _ | dification to the terms of your mortgage? | | | | |
| | No | | | | |
| | Yes. Explain here: | | | | |

| Fill in this | information to identify your | case: | | | | |
|-------------------|---|--------------------------|-------------------------------|-----------------------|----------------------------------|--|
| Debtor 1 | Melissa Darlene E | Melissa Darlene Edmonson | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filin | ng) First Name | Middle Name | Last Name | | | |
| United Stat | tes Bankruptcy Court for the: | WESTERN DISTRICT | OF TEXAS | | | |
| Case numb | per | | | | | |
| (if known) | | | | | ☐ Check if this is an | |
| | | | | | amended filing | |
| | | | | | | |
| Official I | Form 106Dec | | | | | |
| | | ميناه البيالة مناسم | l Dalataria Cal | | | |
| Decia | ration About a | in individua | i Deptor's Sci | nedules | 12/15 | |
| years, or bo | oth. 18 U.S.C. §§ 152, 1341, 1 | 515, and 5571. | | | | |
| Did yo | ou pay or agree to pay some | one who is NOT an atto | orney to help you fill out ba | nkruptcy forms? | | |
| I | No | | | | | |
| □ Y | Yes. Name of person | | | | | |
| | | | | Declaration, at | nd Signature (Official Form 119) | |
| | penalty of perjury, I declare ey are true and correct. | that I have read the sur | mmary and schedules filed | with this declaration | and | |
| X /s | / Melissa Darlene Edmon | son | Χ | | | |
| | elissa Darlene Edmonsor | | Signature of D | Debtor 2 | | |
| | gnature of Debtor 1 | | ŭ | | | |
| Do | ate May 20, 2019 | | Date | | | |
| Da | ate May 20, 2019 | | | | | |

| Fill in | n this inforr | mation to identify you | r case: | | | | | | | |
|-----------------|---|--|-------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--|--|--|--|
| Debt | or 1 | | | | | | | | | |
| | | First Name | Middle Name | Last Name | | | | | | |
| Debte (Spous | or 2 se if, filing) | First Name | Middle Name | Last Name | | | | | | |
| Unite | ed States Ba | nkruptcy Court for the: | WESTERN DISTRICT OF | FTEXAS | | | | | | |
| Case | number | | | | | | | | | |
| (if know | _ | | | | | Check if this is an mended filing | | | | |
| | | | | | | 3 | | | | |
| Offi | icial Fo | rm 107 | | | | | | | | |
| | | | Affairs for Individ | duals Filing for B | ankruptcy | 4/19 | | | | |
| | | | | | equally responsible for sup | | | | | |
| inforr | nation. If m | | attach a separate sheet to | | y additional pages, write you | | | | | |
| | | | | | | | | | | |
| Part | | | rital Status and Where You | I Lived Before | | | | | | |
| 1. V | wnat is you | at is your current marital status? | | | | | | | | |
| [| ☐ Married ■ Not ma | | | | | | | | | |
| 2. [| Ouring the I | ne last 3 years, have you lived anywhere other than where you live now? | | | | | | | | |
| | No | | | | | | | | | |
| | _ | No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | | |
| | Debtor 1 Pr | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | ldress: | Dates Debtor 2 lived there | | | | |
| | | | | | ity property state or territor | | | | | |
| states | ana territor | ies include Arizona, Ca | ilfornia, Idano, Louisiana, Ne | Vada, New Μεχίζο, Ρυέπο κ | ico, Texas, Washington and W | visconsin.) | | | | |
| į | No | | | | | | | | | |
| [| ☐ Yes. Ma | ake sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | | | | | |
| Part | 2 Explai | in the Sources of You | r Income | | | | | | | |
| 4. [| Did vou hav | e anv income from en | nplovment or from operatin | ng a business during this ve | ear or the two previous cale | ndar vears? | | | | |
| F | Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. | | | | | | | | | |
| [| □ No | | | | | | | | | |
| ı | Yes. Fil | I in the details. | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income | Gross income | Sources of income | Gross income | | | | |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) | | | | |
| | | | ■ Wages, commissions, bonuses, tips | \$22,777.00 | ☐ Wages, commissions, bonuses, tips | | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | | |

Official Form 107

| Debtor 1 Me | elissa Darl | ene Edmo | nson | Cas | e number (if known) | | | |
|--------------------------------|---|--|---|--|--|--|---|--|
| | | | | | | | | |
| | Debtor 1 | | | | Debtor 2 | | | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Check all that apply. (bet | | Gross income (before deductions and exclusions) | | |
| | For last calendar year: January 1 to December 31, 2018) | | ■ Wages, commissions, bonuses, tips | \$71,411.00 | ☐ Wages, combonuses, tips | imissions, | | |
| | | | ☐ Operating a business | | ☐ Operating a | business | | |
| For the calen (January 1 to | | | ■ Wages, commissions, bonuses, tips | \$71,484.00 | ☐ Wages, combonuses, tips | imissions, | | |
| | | | ☐ Operating a business | | ☐ Operating a | business | | |
| ■ No | source and t | · · | ome from each source separa | tely. Do not include income | | ne 4. | | |
| | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and | Debtor 2 Sources of inc Describe below | | Gross income (before deductions and exclusions) | |
| | | | | exclusions) | | | | |
| Part 3: Lis | t Certain Pa | yments You | Made Before You Filed for | Bankruptcy | | | | |
| . Are either No. | er Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by a | | | | | | | |
| | individual | primarily for a | a personal, family, or household purpose." | | | | | |
| | During the No. | 90 days bef | efore you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? | | | | | |
| | ☐ Yes | paid that c | each creditor to whom you pai reditor. Do not include paymen | nts for domestic support obli | in one or more pay gations, such as ch | ments and th | ne total amount you and alimony. Also, do | |
| | * Subject | | e payments to an attorney for the nt on 4/01/22 and every 3 year | | or after the date of | f adjustment. | | |
| Yes. | | | or both have primarily consu | | al of \$600 or more? | • | | |
| | □ _{No.} | Go to line | 7. | | | | | |
| | ■ Yes | include pay | each creditor to whom you pai yments for domestic support o r this bankruptcy case. | | | | | |
| Creditor' | 's Name and | d Address | Dates of payme | ent Total amount paid | Amount you still owe | Was this p | ayment for | |
| 8950 Cy | pper ankruptcy press Wa , TX 75019 | ters Blvd | | \$3,561.00 | \$121,829.00 | ☐ Mortgag ☐ Car ☐ Credit C | ard | |

□ Loan Repayment□ Suppliers or vendors

☐ Other__

| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pa | yment for |
|---|---|---|--|--------------------------------------|---|--|
| | Security Service FCU Po Box 691510 San Antonio, TX 78256 | | \$760.00 | \$14,576.00 | ☐ Mortgage ■ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other | ard payment |
| 7. | Within 1 year before you filed for bankrupto Insiders include your relatives; any general par of which you are an officer, director, person in a business you operate as a sole proprietor. 11 alimony. | rtners; relatives of any gen- control, or owner of 20% o | eral partners; partner r more of their voting | ships of which you securities; and a | ou are a genera ny managing a | al partner; corporation gent, including one fo |
| | No | | | | | |
| | Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider | | | | | | |
| | Yes. List all payments to an insider Insider's Name and Address | Dates of payment | Total amount | Amount you | Reason for | this payment |
| | | | paid | still owe | Include cred | |
| Par | t 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury of modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title | Nature of the case | Court or agency | | Status of th | e case |
| 10. | Case number Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. ☐ Yes. Fill in the information below. | | erty repossessed, fo | oreclosed, garnis | shed, attached | l, seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | | Explain what happened | | | | property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca No Yes. Fill in the details. | ause you owed a debt? | - | | | mounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date taker | action was า | Amount |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an ■ No □ Yes | | erty in the possession | on of an assigne | e for the bene | efit of creditors, a |

Case number (if known)

Debtor 1 Melissa Darlene Edmonson

| ## Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person? Person to Whom You Gave the Gift and Address: Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to a No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 contributed more than \$600 contributed with the state of your contributions to charities that total more than \$600 contributed with the state of your contributed more than \$600 contributed with the state of your contributed more than \$600 contributed with the state of your contributed with the state of your contributed with the state of your or gambling? ■ No Yes. Fill in the details. Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Value deals and the payments or Transfer and property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Date payment or transfer was made The payment of the property or transfer was made in installments between between the property to any contributed and | Value |
|---|-------------------|
| Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No | Value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address: Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to a No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 Charity's Name Address (Wimber, Street, City, State and ZIP Code) Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, ot or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC 79 W. Monroe St. Fillin Fee - \$335 | Value |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address: Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to a No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 to a No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 to a No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 to a No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 to a No Yes. Fill in the details for each gift or contributed what you contributed contributed on the No Yes. Fill in the details. Date you contributed contributed on the No Yes. Fill in the details. Describe what you contributed contributed on the No Yes. Fill in the details. Date of your loss any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. The Yes. Fill in the details of Yes. Fill in the details. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Mase the Payment, if Not You Chern Law LLC 79 W. Monroe St. Filling Fee - \$335 Filling Fee - \$335 Rade Title Interior in total wall of the payment in the lambel in installments. | Value |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address: Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to a No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, ot or gambling? No Yes. Fill in the details. Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance caims on line 33 of Schedule A/B: Property. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Person Who Made the Payment, if Not You Chern Law LLC 79 W. Monroe St. Filling Fee - \$335 Filling Fee - \$335 Date of your lose of your lose of your lose of your bankruptcy. Attorney Fees - \$2550 Payment made in installments | Value |
| Person to Whom You Gave the Gift and Address: Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to a No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Include Signature of Signatur | Value |
| Person to Whom You Gave the Gift and Address: Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to a No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, ot or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC Attorney Fees - \$2550 Ferson Who Made the Payment, if Not You Chern Law LLC Filling Fee - \$335 Filling Fee - \$335 Filling Fee - \$335 Filling Fee - \$335 | |
| Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to a No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, ot or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC 79 W. Monroe St. Filling Fee - \$335 Rat 610 Address Filling Fee - \$335 Filling Fee - \$335 | |
| No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, ot or gambling? No Yes. Fill in the details. Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC 79 W. Monroe St. Filling Fee - \$335 | |
| Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 | any charity? |
| Gifts or contributions to charities that total more than \$500 Charity's Name Address (Number, Street, City, State and ZIP Code) art 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, ot or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC 79 W. Monroe St. Filing Fee - \$335 Payment made in installments | |
| more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) art 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, ot or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Person Who Made the Payment, if Not You Chern Law LLC The Wondroe St. Fifth Floor Attorney Fees - \$2550 Fling Fee - \$335 Filing | |
| Charity's Name Address (Number, Street, City, State and ZIP Code) art 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, ot or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Att 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC Attorney Fees - \$2550 Fling Fee - \$335 Filing Fee - \$335 | Value |
| Address (Number, Street, City, State and ZIP Code) art 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, of or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC Attorney Fees - \$2550 Payment Tight Floor Payment Paymen | |
| Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, of or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC Attorney Fees - \$2550 Filing Fee - \$335 Filling Fee - \$335 Filling Fee - \$335 Filling Fee - \$335 Filling Fee - \$335 | |
| Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, of or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Email or website address Email or website address Person Who Made the Payment, if Not You Chern Law LLC Attorney Fees - \$2550 Filing Fee - \$335 Filting Fee - \$335 | |
| or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC The Wond of the Payment, if Not You Attorney Fees - \$2550 Filing Fee - \$335 | |
| Pescribe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Date of your loss Value loss Value loss Unclude the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Date of your loss Value loss Value loss Value loss Value loss Value loss Property. Date of your loss Value loss Value loss Value loss Value loss Page 15 in the loss Date of your loss Value loss Value loss Value loss Value loss Value loss Page 15 in the loss Date of your loss Value loss Value loss Value loss Value loss Value loss Page 15 in the loss Date of your loss Value loss Value loss Value loss Value loss Value loss Page 15 in the loss Date page 15 in the loss Oate page 15 in transfer was made Value loss Value l | her disaster |
| ☐ Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Date of your loss Value Value Include the property you filed for bankruptcy. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Person Who Was Paid Address Description and value of any property transferred Date payment or transfer was made Email or website address Person Who Made the Payment, if Not You Attorney Fees - \$2550 Payment made in installments Chern Law LLC 79 W. Monroe St. Filing Fee - \$335 made in installments | |
| Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Date of your loss Value of Schedule A/B: Property. List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC Attorney Fees - \$2550 Payment made in installments | |
| Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Include any atterneys, before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC 79 W. Monroe St. Filling Fee - \$335 | |
| Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. art 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC Attorney Fees - \$2550 Payment made in installments | of property |
| List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC 79 W. Monroe St. Filling Fee - \$335 | lost |
| Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC 79 W. Monroe St. Filing Fee - \$335 | |
| consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. □ No ■ Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC 79 W. Monroe St. Fifth Floor Preparing a bankruptcy petition? Date payment or transfer was made Payment Filing Fee - \$2550 Payment made in installments | |
| consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. □ No ■ Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC 79 W. Monroe St. Fifth Floor Preparing a bankruptcy petition? Date payment or transfer was made Payment Filing Fee - \$2550 Payment made in installments | vone vou |
| □ No ■ Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC Attorney Fees - \$2550 Payment 79 W. Monroe St. Filing Fee - \$335 Payment in installments | yono you |
| Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC 79 W. Monroe St. Fifth Floor Description and value of any property transferred or transfer was made Payment Or Was Paid O | |
| Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC 79 W. Monroe St. Fifth Floor Description and value of any property transferred or transfer was made Attorney Fees - \$2550 Payment made in installments | |
| Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC 79 W. Monroe St. Fifth Floor Description and value of any property transfer was made Attorney Fees - \$2550 Payment made in installments | |
| Address Email or website address Person Who Made the Payment, if Not You Chern Law LLC 79 W. Monroe St. Fifth Floor transferred or transfer was made Payment Filing Fee - \$2550 Filing Fee - \$335 made in installments | Amount of |
| Person Who Made the Payment, if Not You Chern Law LLC Attorney Fees - \$2550 Payment 79 W. Monroe St. Filing Fee - \$335 made in installments | payment |
| Chern Law LLC Attorney Fees - \$2550 Payment 79 W. Monroe St. Filing Fee - \$335 made in Fifth Floor installments | |
| 79 W. Monroe St. Filing Fee - \$335 made in Fifth Floor installments | #0.005.00 |
| Fifth Floor installments | \$2,885.00 |
| Chicago II 60603 hetween | |
| | |
| dorothy@dorothybutlerlawfirm.com 11/20/2018 - | |
| 02/04/2019 | |
| | |
| Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to any | yone who |
| promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | |
| ************************************** | |
| ■ No | |
| ☐ Yes. Fill in the details. | |
| Person Who Was Paid Description and value of any property Date payment | |
| Address transferred or transfer was made | Amount of |
| mauc | Amount of payment |

| Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other that transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your propinclude gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | |
|---|---|---|---------------------------|-------------|---|---|
| | Person Who Received Transfer Address Person's relationship to you | Description and vo | | payme | be any property or nts received or debts exchange | Date transfer was made |
| 19. | | | y property to a so | elf-settled | I trust or similar device o | of which you are a |
| | Name of trust | Description and va | alue of the prope | erty transf | ferred | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Instru | uments, Safe Deposit | Boxes, and Stor | age Units | 3 | |
| 20. | Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associated No ☐ Yes. Fill in the details. | ther financial accoun | nts; certificates o | f deposit | | , , |
| | | ast 4 digits of ccount number | Type of accoun instrument | t or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | ır before you filed for | bankruptcy, any | safe dep | osit box or other deposi | tory for securities, |
| | Yes. Fill in the details. | | | | | 5 (111 |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had accommoder, State and ZIP Code) | | escribe t | he contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or p | place other than your | home within 1 ye | ear before | e you filed for bankrupto | y? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | escribe t | he contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control for | Someone Else | | | | |
| 23. | Do you hold or control any property that some for someone. | one else owns? Inclu | ide any property | you borro | owed from, are storing f | or, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, St Code) | | escribe t | he property | Value |
| Par | t 10: Give Details About Environmental Inform | nation | | | | |
| For | the purpose of Part 10, the following definitions | s apply: | | | | |

Official Form 107 Statement
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Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed

Name Address (Number, Street, City, State and ZIP Code)

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial

Date Issued

institutions, creditors, or other parties.

☐ Yes. Fill in the details below.

| aro tru | a and correct. Lunderstand that making | g a false statement, concealing property, or obtaining | ng manay or property by fraud in connection |
|---------|---|--|---|
| with a | · · · · · · · · · · · · · · · · · · · | to \$250,000, or imprisonment for up to 20 years, or | |
| /s/ Me | elissa Darlene Edmonson | | |
| | sa Darlene Edmonson ture of Debtor 1 | Signature of Debtor 2 | |
| Date | May 20, 2019 | Date | |
| Did yo | u attach additional pages to Your State | ment of Financial Affairs for Individuals Filing for E | 3ankruptcy (Official Form 107)? |
| No | | | |
| □ Yes | | | |
| Did yo | u pay or agree to pay someone who is | not an attorney to help you fill out bankruptcy form | s? |
| No | | | |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case number (if known)

Debtor 1 Melissa Darlene Edmonson

| Fill in this inform | mation to identify your case: | | | | | | |
|-----------------------------------|---|---|---|--|--|--|--|
| Debtor 1 | Melissa Darlene Edmonson | | | | | | |
| | First Name Middle Na | me Last Name | | | | | |
| Debtor 2 (Spouse if, filing) | First Name Middle Na | me Last Name | | | | | |
| | ankruptcy Court for the: WESTERN [| DISTRICT OF TEXAS | | | | | |
| Office States Ba | initiapity obdition the. | SIGNIGIT OF TEXAS | | | | | |
| Case number (if known) | | - | ☐ Check if this is an amended filing | | | | |
| Official Fo | | dividuals Filing Under Chapte | er 7 12/15 | | | | |
| If you are an indi | ividual filing under chapter 7, you mu | ust fill out this form if: | | | | | |
| creditors have | e claims secured by your property, o | r | | | | | |
| You must file thi whiche | you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form | | | | | | |
| | eople are filing together in a joint cas nd date the form. | e, both are equally responsible for supplying correct in | nformation. Both debtors must | | | | |
| | and accurate as possible. If more spa our name and case number (if knowr | ace is needed, attach a separate sheet to this form. On n). | the top of any additional pages, | | | | |
| Part 1: List Yo | our Creditors Who Have Secured Cla | ims | | | | | |
| 1. For any credit | ors that you listed in Part 1 of Sched | ule D: Creditors Who Have Claims Secured by Property | y (Official Form 106D), fill in the | | | | |
| information be Identify the cr | elow. editor and the property that is collatera | What do you intend to do with the property that secures a debt? | t Did you claim the property as exempt on Schedule C? | | | | |
| | | | | | | | |
| Creditor's N name: | Ir. Cooper | ☐ Surrender the property.☐ Retain the property and redeem it. | □ No | | | | |
| Description of | 440 Gina Drive Kyle, TX 78640 | Retain the property and enter into a | Yes | | | | |
| property securing debt: | Hays County | Reaffirmation Agreement. Retain the property and [explain]: | _ | | | | |
| | Security Service FCU | ☐ Surrender the property. | □ No | | | | |
| name: Description of | 2016 Mazda 3 49,903.00 miles | Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. | ■ Yes | | | | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

☐ Retain the property and [explain]:

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

property

securing debt:

Statement of Intention for Individuals Filing Under Chapter 7

| Dei | btor 1 Wielissa L | Pariene Edmonson | Case number (if known) |
|------|-------------------------------------|---------------------------|---|
| Les | ssor's name: | Sprint | □ No |
| | | | ■ Yes |
| | scription of leased operty: | Cell Phone | |
| | rt 3: Sign Below | | I my intention about any property of my estate that secures a debt and any personal |
| prop | perty that is subjec | ct to an unexpired lease. | |
| X | | lene Edmonson | X Signature of Debtor 2 |
| | Melissa Darlen Signature of Debt | | Signature of Debtor 2 |
| | Date May 2 | 0, 2019 | Date |

| Fill in this information to identify your case: Check one box only as directed. | d in this form and in Form |
|---|---|
| Debtor 1 Melissa Darlene Edmonson 122A-1Supp: | |
| Debtor 2 (Spouse, if filing) ■ 1. There is no presumption | on of abuse |
| applies will be made u | ermine if a presumption of abuse under <i>Chapter 7 Means Test</i> orm 122A-2). |
| (if known) | , |
| ☐ Check if this is an am | ended filing |
| Official Form 122A - 1 | |
| Chapter 7 Statement of Your Current Monthly Income | 12/15 |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurated a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Formatti: Calculate Your Current Monthly Income | itional pages, write your name and consumer debts or because of |
| What is your marital and filing status? Check one only. | |
| ■ Not married. Fill out Column A, lines 2-11. | |
| ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. | |
| ☐ Married and your spouse is NOT filing with you. You and your spouse are: | |
| Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. | |
| Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By chec penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or t living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B). | . , |
| Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this I 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more that spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line | your monthly income varied during in once. For example, if both |
| Debtor 1 Deb | umn B otor 2 or -filing spouse |
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). \$ 5,338.97 | |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. \$ 0.00 \$ | |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. \$ 0.00 \$ | |
| 5. Net income from operating a business, profession, or farm | |
| Gross receipts (before all deductions) \$ 0.00 | |
| Gross receipts (before all deductions) Ordinary and necessary operating expenses -\$ 0.00 0.00 | |
| Net monthly income from a business, profession, or farm \$ 0.00 Copy here -> \$ 0.00 \$ | |
| 6. Net income from rental and other real property | |
| Debtor 1 | |
| | |
| Gross receipts (before all deductions) \$ | |
| Gross receipts (before all deductions) Ordinary and necessary operating expenses Net monthly income from rental or other real property \$ 0.00 | |

\$

7. Interest, dividends, and royalties

Debtor 1

| | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing s | |
|------|---|--|---------------|-------------------|------------|-----------------------------------|------------------------------|
| 8. | Unemployment compensation | | | \$ | 0.00 | \$ | |
| | Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here: | t received was a bene | efit under | | | | |
| | For you \$ | | 0.00 | | | | |
| | For your spouse \$ | | | | | | |
| | Pension or retirement income. Do not include any an benefit under the Social Security Act. | | | \$ | 0.00 | \$ | |
| 10. | Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism. If necessary, list other sources on a total below. | Security Act or payme manity, or internation a separate page and p | ents al or | \$ | 0.00 | \$ | |
| | · | | | \$ | 0.00 | \$ | |
| | Total amounts from separate pages, if any. | | | \$ | 0.00 | \$ | |
| | | | _ | | 0.00 | | |
| 11. | Calculate your total current monthly income. Add lir each column. Then add the total for Column A to the to | | \$ | 5,338.97 | + | | = \$5,338.97 |
| | | | | | | | Total current monthly income |
| Part | 2: Determine Whether the Means Test Applies t | o You | | | | | ilicome |
| 12 | Coloulate your ourrent monthly income for the year | Follow those stops: | | | | | |
| 12. | Calculate your current monthly income for the year | · | | _ | | | |
| | 12a. Copy your total current monthly income from line 1 | l1 | | Сору | line 11 l | nere=> | \$5,338.97_ |
| | Multiply by 12 (the number of months in a year) | | | | | | x 12 |
| | 12b. The result is your annual income for this part of the | e form | | | | 12b. | . \$ 64,067.64 |
| 13. | Calculate the median family income that applies to | you. Follow these ste | eps: | | | | |
| | Fill in the state in which you live. | TX | | | | | |
| | Fill in the number of people in your household. | 3 | | | | | |
| | $\mbox{\sc Fill}$ in the median family income for your state and size | | | | | 13. | \$72,271.00 |
| | To find a list of applicable median income amounts, go for this form. This list may also be available at the bank | | | in the separa | te instruc | tions | |
| 14. | How do the lines compare? | | | | | | |
| | 14a. Line 12b is less than or equal to line 13. O Go to Part 3. | n the top of page 1, o | check box | (1, There is n | o presum | ption of abuse | e. |
| | 14b. \square Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. | of page 1, check box | 2, The pr | esumption of | abuse is | determined by | / Form 122A-2. |
| Part | 3: Sign Below | | | | | | |
| | By signing here, I declare under penalty of perjury | that the information | on this sta | atement and i | n any atta | achments is tru | ue and correct. |
| | X /s/ Melissa Darlene Edmonson | | | | | | |
| | Melissa Darlene Edmonson | | | | | | |
| | Signature of Debtor 1 Date May 20, 2019 | | | | | | |
| | MM/DD/YYYY | | | | | | |
| | If you checked line 14a, do NOT fill out or file Form | n 122A-2. | | | | | |
| | If you checked line 14b, fill out Form 122A-2 and f | ile it with this form. | | | | | |

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 11/01/2018 to 04/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Wages

| Income | by | Month: |
|--------|----|--------|
|--------|----|--------|

| 6 Months Ago: | 11/2018 | \$4,138.03 |
|---------------|--------------------|------------|
| 5 Months Ago: | 12/2018 | \$5,164.14 |
| 4 Months Ago: | 01/2019 | \$5,354.13 |
| 3 Months Ago: | 02/2019 | \$6,783.75 |
| 2 Months Ago: | 03/2019 | \$4,878.13 |
| Last Month: | 04/2019 | \$5,715.62 |
| | Average per month: | \$5,338.97 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Cha | pter 7: | Liquidation | |
|----------|---------|--------------------|--|
| | \$245 | filing fee | |
| | \$75 | administrative fee | |
| <u>+</u> | \$15 | trustee surcharge | |
| | \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy CourtWestern District of Texas

| In r | e Melissa Darlene Edmonson | | Case No. | | |
|------|---|--|--|---|--|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPENS | ATION OF ATTO | RNEY FOR D | EBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | |
| | For legal services, I have agreed to accept | | \$ | 2,550.00 | |
| | Prior to the filing of this statement I have received | | \$ | 2,550.00 | |
| | Balance Due | | | 0.00 | |
| 2. | \$_335.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compens | ation with any other person | unless they are mer | nbers and associates of my law firm | |
| | ☐ I have agreed to share the above-disclosed compensatio copy of the agreement, together with a list of the names | | | | |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | |
| | a. Analysis of the debtor's financial situation, and rendering b. Preparation and filing of any petition, schedules, statemed c. Representation of the debtor at the meeting of creditors and d. [Other provisions as needed] All services, except those identified in paradebtor's bankruptcy objectives including be | ent of affairs and plan which and confirmation hearing, a agraph 7 below, that are | h may be required; nd any adjourned he | arings thereof; | |
| | (1) File the certificate required from the ind counseling agency for prepetition credit co (2) Preparation and filing of all locally requ (3) Representation of the debtor at the § 34 (4) Amend any list, schedule, statement, ar necessary or appropriate; (5) Motions under § 522(f) to avoid liens on (6) Motions, such as motions for abandonn (7) Advise the debtor with respect to any reagreements if in the best interest of the del signed by the debtor; (8) Removal of garnishments or wage assis (9) Negotiate, prepare and file reaffirmation (10) Motions under § 722 to redeem exemp (11) Compile and forward to the trustee and (12) Consult with the debtor and if there is automatic stay; (13) File the debtor's certification of comple | ounseling; ired forms; if meeting; ind/or other document re exempt property; nent, or proceedings to eaffirmation agreement btor; and attend all hea gnments; if agreements; if personal property from the United States trus a valid defense or explain | equired to be filed clear title to real ; negotiate, prepa rings scheduled of m liens; stee any documer anation, respond | I with the petition as may be property owned by the debtor re and file reaffirmation on any reaffirmation agreements and information requested; to a motion for relief from the | |

By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Notwithstanding any agreement to the contrary, representation of the Debtor in any dischargeability action, adversary proceedings, or heavily litigated matters that are not listed in Paragraph 6 above.

(14) Disclose any agreement and fee arrangement regarding the potential retention of co-counsel.

(Official Form 423); and

| In re | Melissa Darlene Edmonson | Case No. | |
|-------|--------------------------|----------|--|
| | D 1(() | | |

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

| CERTIFICATION | | | | | |
|---|---|--|--|--|--|
| I certify that the foregoing is a complete statem this bankruptcy proceeding. | nent of any agreement or arrangement for payment to me for representation of the debtor(s) in | | | | |
| May 20, 2019 | /s/ Dorothy Kathleen Lawrence, Partner, Law Solutions | | | | |
| Date | Dorothy Kathleen Lawrence, Partner, Law Solutions | | | | |
| | Signature of Attorney | | | | |
| | Chern Law LLC | | | | |
| | 28515 Ranch Road 12 | | | | |
| | Dripping Springs, TX 78620 | | | | |
| | 512-699-5632 | | | | |
| | dorothy@dorothybutlerlawfirm.com | | | | |
| | Name of law firm | | | | |

United States Bankruptcy Court Western District of Texas

| In re | Melissa Darlene Edmonson | | Case No. | | | | | | |
|---------------------------------|----------------------------------|---|---------------------|-----------------------|--|--|--|--|--|
| | | Debtor(s) | Chapter | 7 | | | | | |
| VERIFICATION OF CREDITOR MATRIX | | | | | | | | | |
| The ab | ove-named Debtor hereby verifies | that the attached list of creditors is true and c | correct to the best | of his/her knowledge. | | | | | |
| Date: | May 20, 2019 | /s/ Melissa Darlene Edmonson | 1 | | | | | | |
| | | Melissa Darlene Edmonson | | | | | | | |
| | | Signature of Debtor | | | | | | | |

Capital One 15000 Capital One Dr Richmond, VA 23238

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Services Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850

Citibank/The Home Depot Attn: Recovery/Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Costco Anywhere Visa Card Attn: Bankruptcy Po Box 6500 Sioux Falls, SD 57117

Discover Financial Attn: Bankruptcy Department Po Box 15316 Wilmington, DE 19850

Discover Personal Loan Attn: Bankruptcy Po Box 30954 Salt Lake City, UT 84130

Kohls/Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Mercury/FBT Attn: Bankruptcy Po Box 84064 Columbus, GA 31908

Mr. Cooper Attn: Bankruptcy 8950 Cypress Waters Blvd Coppell, TX 75019

Security Service FCU Po Box 691510 San Antonio, TX 78256

Sprint Po Box 4191 Carol Stream, IL 60197

Syncb/Rooms To Go Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/ JC Penneys Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/American Eagle Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Target Attn: Bankruptcy Po Box 9475 Minneapolis, MN 55440